

# Courier Service Quality Assessment Form

Customer Name

Contact Email

Order/Tracking Number

Date of Delivery

Timeliness of Delivery

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Condition of Package

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Professionalism of Courier Staff

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Communication & Updates

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Overall Satisfaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Additional Comments